

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-010158

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 5794 Registrar's No. 33

VS 300
Rev. 4/59

10170
20170
3
4 0
5 1
6
7 0
8 2
9 X
10
11 017
12 91-3
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED MAR 22 1962

a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moore Creek		Length of stay in lb Minutes	c. CITY OR TOWN Norborne Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. W. of Carrollton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 217 N. Pine Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Floyd Middle ELLSWORTH Last BROCK		4. DATE OF DEATH Month March Day 17 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/1912
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern operator		10b. KIND OF BUSINESS OR INDUSTRY tavern	9. AGE (last birthday) 49 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Carroll County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gid Brock		13b. MOTHER'S MAIDEN NAME Etta Mae Stbleton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. 11		14. NAME OF HUSBAND OR WIFE Ruby Dye Brock	
17. INFORMANT Mrs. Ruby Brock, Norborne, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for terminal and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE FRACTURES TO LACERATIONS		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE	
DUE TO (b) FROM 2-CAR ACCIDENT ON HIGHWAY		DEATH.	
DUE TO (c) 1010 - 3 MILES WEST OF CARROLLTON, MO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2-CAR HEAD ON COLLISION	
20c. TIME OF INJURY Hour 1:00 p.m. Month, Day, Year 3-17-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ON HIGHWAY		
20f. CITY, TOWN, OR LOCATION RURAL, CARROLLTON, CARROLL, MO		COUNTY STATE	
21. I attended the deceased from AT DEATH (CORONER CALL) her last saw him alive on AT DEATH Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Conrad L. Smith, M.D., Carroll County, Mo.		22b. ADDRESS 107 N. 9th, Carrollton, Mo.	
22c. DATE SIGNED 3-19-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/20/1962	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cem.	23d. LOCATION (City, town, or county) Norborne Mo.
24. FUNERAL DIRECTOR Libson Funeral Home, Norborne Mo.		25. DATE RECD. BY LOCAL REG. 3/20/62	
26. REGISTRAR'S SIGNATURE Mrs. Herbert Calvert			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

APR 23 1962

JUN 5 1962

APR 10 1962

APR 24 1962

MAR 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James F. Gibson
Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.